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**Testimony on Senate Bill 981 An Act Concerning Medical Assistants.
Public Health Committee
March 16, 2015**

Senator Gerratana, Representative Ritter and members of the Public Health Committee, on behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS) thank you for the opportunity to present this testimony to you today on **Senate Bill 981 An Act Concerning Medical Assistants**. Discussions regarding the use of Medical Assistants (MA) were undertaken as part of the comprehensive process to review potential changes to scopes of practice established under Public Act 11-209. In 2012, CSMS actively participated in the process, along with representatives from several organizations with an interest in the issue. A final report on the process was submitted to this committee on February 1, 2013. We believe the final report offered information supporting a careful expansion of the role of the MA in physician offices.

CSMS supports the ability to delegate the administration of certain forms of medication to medical assistants who are appropriately trained and have been credentialed by a nationally accredited organization. Legislation should establish limitations and conditions under which such delegation can occur, and not change the level of supervision required for medical assistants. Currently, direct supervision of medical assistants is required in which the physician is present at the site in which the services are being provided.

At a time when we are collectively working to identify ways to increase access to quality healthcare to a rapidly increasing population of people seeking services, appropriate increased functions of the MA would afford physician practices the ability to provide services to a greater number of patients. More services could be provided in a shorter time period while maintaining the same high standards for care quality.

Having been an integral entity in the discussions and efforts to identify increased yet appropriate use of MAs, we have concerns regarding the current draft of Senate Bill 981 and believe it fails provide any meaning for increased use of MAs for physicians. While SB 981 requires the Department of Public Health (DPH) to establish a three year pilot program under which a MA may administer medications listed in Section 1(c), it limits the locations a properly trained and accredited MA would be able to provide such services to Federally Qualified Health Centers (FQHC) that have obtained status as a Patient-Centered or Primary Care Medical Home (PCMH). This eliminates the opportunity for a large volume of settings, including hundreds of physician offices currently with PCMH status, from the benefit of the pilot program. As drafted, the legislation provides very limited benefit and the pilot will yield no beneficial results; the limitation of locations to only FQHCs should be removed.

Section 1(b) also contains language stating that the MA may only administer medication under the direct supervision of a licensed health care provider who is “a member of the staff of the FQHC at which the MA administering medication practices.” Consistent with comments in the previous paragraph, this language should also be deleted.

We request the opportunity to work with committee members to remove the reference to the limited locations to achieve the intended benefit of the original intent of the scope review process.